



Intention Form

OFFICIAL CONTACT PERSON

Name: _____

(Office): _____ (HP): _____ (Email): _____ (Fax): _____

Company/ Promoter Name: _____

Address: _____

EVENT INFORMATION

Event Title(s): _____
(E.g.: 1 – Cats, 2 – Charlie Brown)

Venue (Please Indicate Venue Plans, If Any): _____

Capacity: _____

Seating: Reserved/ Free Seating/ Free Standing* (Please Delete Where Appropriate)

Dates and Times:

DD/MM/YY	HH:MM
(E.g.: 10/10/10)	(E.g.: 20:30 / 8:30PM)

Prices:

Categories	Price
(E.g.: Standard - Cat 1)	(E.g.: \$\$30)

Please fax or email a copy of seating plan, indicating ticket prices, assigned complimentary seats and highlight them clearly. Allow 3 working days for ticket sample. For Ticket printing only, allow 5 working days for batch printing. (Duration subjected to any pending ticket jobs.)

Provide and confirm required event details with GATECRASH before ticket printing or event goes live. Changes or modifications to event after printing begins will incur additional charges subject to GATECRASH review (E.g.: event title). Tickets exceeding initial agreed capacity will also incur additional charges subject to GATECRASH review. Delivery charges apply if courier is required to facilitate collection of any tickets. Please contact GATERASH (+65 6100 2005) for further information.

Fax completed Form to (+65 6846 3849) or email to customer.srv@exceptional.com.sg